

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018496

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 31

FILED MAY 16 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u> | | c. CITY OR TOWN <u>Buffalo</u> | |
| Length of stay in 1b <u>1.6</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. Ramsey St.</u> | | d. STREET ADDRESS (If outside, give location) <u>E. Ramsey St.</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Nancy</u> Middle <u>E.</u> Last <u>CREEK</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-16-1883</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | |
| 11a. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Elisha Price</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Jack Creek</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>6-A</u> | | 17. INFORMANT Address <u>Jack Creek Buffalo, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arterio-sclerosis & hypertension</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4-5 d</u> <u>7 mos</u> <u>10-12 yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <u>Jan 50</u> to <u>27 Apr 62</u> and last saw her alive on <u>27 April 62</u> Death occurred at <u>9 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>O. Griffin MD</u> | |
| 22b. ADDRESS <u>Buffalo Mo</u> | | 22c. DATE SIGNED <u>4 May 62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>5-1-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT Cem.</u> | 23d. LOCATION (City, town, or county) <u>Dallas County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u> | 25. DATE RECD. BY LOCAL REG. <u>5/14/1962</u> | 26. REGISTRAR'S SIGNATURE <u>Musker Peter dK</u> | |
| ADDRESS <u>Buffalo, Mo</u> | | Licensed Embalmer's Statement on Reverse Side) | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vernon H. Uels

Licensed Embalmer No. 5083

P. O. Address Buffalo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.